



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
OGAWA et al.)
Application Number: 10/714,932) **Art Unit 2651**
Filed: November 18, 2003) **Examiner G. P. Rodriguez**
For: MAGNETIZATION CONTROL METHOD)
AND INFORMATION RECORDING APPARATUS)
Attorney Docket No. HITA .0460)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	13	9	(Over 20)	x \$50	0.00
Independent Claims	5	3	(Over 3)	x \$200	400.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	400.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

<input checked="" type="checkbox"/> Response/Preliminary Amendment (with Claim Amendments)	<input checked="" type="checkbox"/> Petition for Extension of Time (1 month)
<input type="checkbox"/> Substitute Spec. & marked-up copy	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Letter to Draftsperson
<input type="checkbox"/> Other _____	<input type="checkbox"/> Assignment
	<input checked="" type="checkbox"/> RCE

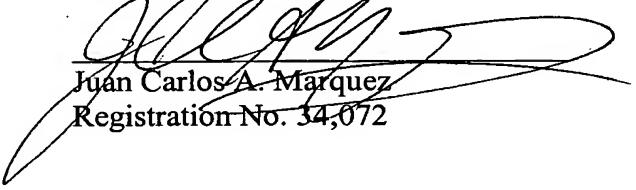
Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____.
A duplicate copy of this paper is enclosed.

Checks in the amount of **\$790.00** for the RCE fee, **\$120.00** to cover the one-month Extension-of-Time fee and **\$400.00** to cover the excess claims fee are enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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